

12th Annual Minority Health Conference
Priorities to Strategies: Improving Health for People of Color

An Invitation to Participate

Potential Exhibitor or Sponsor,

The Nebraska Health and Human Services Office of Minority Health invites your organization to exhibit and sponsor our 12th annual conference.

Both exhibitors and sponsors are very important to the success of the conference. Exhibit fees and sponsorship monies enable us to offset the costs for speakers and conference expenses.

The attached information shows opportunities for sponsorship and exhibit space. Our goal is to make the 2005 conference a success for our attendees, exhibitors, and our sponsors. We are committed to working collaboratively with you to achieve these goals.

We hope you will join us on October 25-26, 2005 in Omaha, Nebraska. Please call if you have any questions or suggestions. Contact Cindy Harmon at (402) 471-0152 or by email at cindy.harmon@hhss.ne.gov.

Priorities to Strategies: Improving Health for People of Color

Holiday Inn Central, 3321 South 72nd Street, Omaha, NE

October 25-26, 2005

Application to Sponsor

We invite you to demonstrate your support for health-promoting partnerships and our conference. Sponsor opportunities are available at any level. Sponsors will have their organization listed in the conference program and on signage at the conference site.

Yes, our organization would like to be support the 2005 Minority Health Conference at the following level: ***Please fill in the amount in one of the following category:***

\$	<i>Bronze Collaborator</i> –\$500 (Includes free exhibit booth space and one free registration)
\$	<i>Silver Supporter</i> –\$1,000 (Includes free exhibit booth space, one free registration, and one guest ticket to award luncheon)
\$	<i>Gold Sponsor</i> –\$1500 (Includes free exhibit booth space, two free registrations, and 2 guest tickets to the award luncheon)
\$	<i>Platinum Partner</i> – \$3,000 or more (Includes free exhibit booth space, three free registration, 5 guest tickets to the awards luncheon)

☐ A Check is enclosed. ☐ A check is being sent separately.

☐ Please send an invoice in order for a check to be prepared.

☐ Please use \$_____ of funds for scholarships.

Contact Information

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

How would you like the organization listed in printed material:

Do you plan to use the free Exhibit Booth space? ☐ Yes (Please fill out attached form.) ☐ No
Names of individuals using free registrations must be provided to the Office of Minority Health no later than October 7, 2005.

Please Note

Checks should be made payable to the Office of Minority Health and mailed to the address below. The Office of Minority Health would appreciate organizations confirming their sponsorships by August 31, 2005. Transfer of funds is not expected or required by this date.

MAIL TO: HHS Office of Minority Health, 301 Centennial Mall South, P.O. Box 95007,
Lincoln, NE 68509-5007 OR fax form to: (402) 742-2342

Thank you for your support.

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October 25-26, 2005

Exhibitor Information

We invite exhibitors from public and private health-related organizations, corporations, foundations, federal, state and local health and human service agencies, national and local service organizations, faith-based organizations, and tribal organizations. The conference provides opportunities for leaders of community-based organizations to dialogue with public and private health policy makers. The conference provides an excellent opportunity to meet your colleagues face-to-face and demonstrate your services or products.

Our basic exhibitor package is \$75.00. This does not include registration to attend the conference sessions. The Minority Health Conference planning committee has a strong commitment to providing organizations of all sizes and structure with equal access to exhibit space. The exhibit area will be open to conference attendees during the hours of the conference:

Tuesday, October 25th	8:00 a.m. - 5:30 p.m.
Wednesday, October 26th	8:00 a.m. - 4:30 p.m.

Exhibits can be set up on Monday, October 24th, after 5:00 p.m. All exhibit booth displays are to be in place by 8:00 a.m. on October 26th. Exhibit booth displays are to be dismantled and removed from the exhibit area by 4:30 p.m. on October 26th.

What is included with the Exhibit Space?

- Draped 8' skirted tables with a chair
- An identification sign
- Organization listed in conference materials

Location

Holiday Inn Central
3321 South 72nd Street, Omaha, NE 68124
Telephone: (402) 393-3950

A block of rooms have been reserved for the conference. If lodging is needed, you should mention the "Minority Health Conference" to get the group rate of \$68.00 for a single room or \$78.00 for a double room, plus tax. Hotel reservations must be made by September 24, 2005 in order to receive this discounted rate. You will be responsible for your own expenses.

Questions about Exhibits or the Program?

For additional information regarding the conference, please contact the Office of Minority Health at (402) 471-0152 or email cindy.harmon@hhss.ne.gov.

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October 25-26, 2005

Application for Exhibit Booth

Please complete and return this form by September 23, 2005. Please refer to the exhibit booth guidelines before completing this application.

Contact Information

Exhibiting Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

The identification sign for the booth should read: _____

___ I need access to an electrical outlet.

___ I will be making arrangements directly with the hotel for Internet access.

Payment

The exhibit booth fee is \$75.00. Make checks payable to The Office of Minority Health. If you are sponsoring the conference at one of the following levels, this fee is waived:

___ Bronze Collaborator

___ Silver Supporter

___ Gold Sponsor

___ Platinum Partner

Agreement

Application is hereby made for an exhibit booth at the 2005 Minority Health Conference at the Holiday Inn Central in Omaha, Nebraska on October 25-26, 2005. The undersigned agrees to all terms, regulations and conditions set forth in the Exhibit Guidelines and will provide cancellation notice, if applicable, in a timely manner.

Please attach a 30-50 word description of your organization.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

RETURN FORM AND PAYMENT by October 7, 2005 to HHS Office of Minority Health, 301 Centennial Mall South, P.O. Box 95044, Lincoln, NE 668509-5044

Form can be faxed to (402) 742-2342 before payment is submitted in order to hold a booth.

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October 25-26, 2005

Exhibitor Guidelines

General Information

The Nebraska Health and Human Services System (HHSS), the Office of Minority Health (OMH), and the Nebraska Minority Public Health Association (NeMPHA) are providing access to exhibit booth space. Acceptance of an exhibitor is in no way to be construed or promoted as an endorsement by HHSS/NeMPHA. HHSS/NeMPHA reserves the right to review each exhibitor's exhibit and presentation materials for possible conflict of interest. No selling is permitted at the conference (See "Selling of Merchandise" below for exception). Exhibits and materials may also be reviewed for variance from their initial description, poor taste, or possible disruption to the conference due to noise, method of operation, material, or other possible distraction from the character of the conference. If such is found to be the case, the exhibitor shall restrict its exhibit as requested or forfeit its exhibit space and immediately dismantle and remove all materials when requested to do so by an authorized representative of HHSS. If the exhibitor refuses to dismantle, remove materials and/or vacate the exhibit space, HHSS may have materials dismantled and removed from the exhibit space at labor cost to the exhibitor. If exhibitor refuses to take immediate possession of any materials removed from the exhibit space, HHSS may dispose of the materials without liability.

Acceptance of Exhibitors

Acceptance of exhibitors is at the sole and absolute discretion of the HHSS/NeMPHA. An application to exhibit is not accepted until the exhibitor is notified. All applications accepted are subject to the conditions and requirements contained in these guidelines.

Physical arrangements of exhibitor

Exhibits shall be arranged so as to not interfere with access to other exhibits and to provide clear and sufficient use of all aisles. Exhibitors are to maintain their exhibits in a clean, orderly and safe manner.

Exhibitor's Representative

The exhibitor can name one individual to act as its authorized representative regarding the exhibit throughout the duration of the conference.

Selling of Merchandise

No selling of merchandise is permitted with the possible exception of pre-approved health related books. To have an item approved, contact the Office of Minority Health at (402) 471-0152. If an item is approved for selling, the exhibitor assumes responsibility for securing all appropriate licenses for the sale of merchandise and is solely responsible for the collection of all applicable state and local taxes.

Liability

Neither HHSS or NeMPHA, nor the holiday Inn Central, nor the officers, employees or agencies thereof will be responsible for any injury, loss, or damage that may occur to or on account of the exhibitor or the exhibitor's employees or property prior, during or subsequent to the period covered by the exhibit agreement. The exhibitor assumes all responsibility and agrees to indemnify, defend, and hold blameless the HHSS, NeMPHA or their officers, directors,

employees and agents against any claims, demands, costs, loss, or expense including any attorney fees, litigation expenses, or court costs arising out of the use of the exhibition premises.

Security

The exhibit area will remain accessible to conference attendees during meeting hours of 8:00 a.m. to 5:00 p.m. both days. The exhibit area is in an area open to public access between 7:00 a.m. Tuesday and 5:00 p.m. Wednesday.

Electrical and Internet Access

Electrical wiring used by the exhibitor must conform with all federal, state and local government requirements, including the National Electric code safety rules. Access to the Internet or data ports should be arranged directly with hotel representatives and the exhibitor is responsible for paying fees directly to the hotel.

Fire, Health, and Safety

The exhibitor assumes all responsibility for compliance with all federal, state and local regulations and ordinances, including but not limited to those covering fire, safety, and health. Literature on display shall be limited to reasonable quantities. No flammable liquids are allowed in the building, and smoking is prohibited in all areas except those designed by the Fire Department.

Compliance with Schedule

Exhibitor agrees to maintain exhibit space throughout the conference meeting hours. In the event that the exhibitor fails to set up their display within the required time frame, HHSS/ NeMPHA reserves the right to take possession of the space and reassign it to another organization.

For further information, contact:
HHS Office of Minority Health
P.O. Box 95007
Lincoln, NE 68509-5007

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Fax (402) 742-2342
Email cindy.harmon@hhss.ne.gov